

QI out of OK city - subsequent unit to sub  
Ethanol

## FACILITY RESPONSE PLAN CHECKLIST

### COVER SHEET

SMITH FIELD COPY

FRP ID FRP 06 - TX - 00053

FRP INSPECTION No FY090020

SPCC CASE NUMBER FY - INSP 090178

OWNER/OPERATOR Magellan Pipeline Co., L.P.

FACILITY NAME Ft Smith Terminal

MSO Memphis

Took Form Inspection -  
Morning & Afternoon  
by employees  
Took tank operation

Inspector(s) Name Don Smith

Affiliation EPA

Mike Clonts

Affiliation EPA START

Reviewer(s) Name Mike Clonts

Affiliation EPA START

Affiliation \_\_\_\_\_

Date of Plan Review 06/15/2009

Date of Field Inspection 08/24/2009

### Compliance with Appendix F to Part 112

☐

The Facility Response Plan follows the specific format in Appendix F to part 112

☒

The Facility Response Plan does not follow the specific format in Appendix F to part 112, but includes an Emergency response Action Plan as specified in Paragraph (h)(1) that is supplemented with a cross-reference section to identify the location of elements listed in paragraphs (h)(2) through (h)(11) of 40 CFR 112.20

☐

The Facility Response Plan does not follow the specific format in Appendix F to Part 112 and is not supplemented with a cross reference section to identify the location of elements listed in paragraph (h)(1) through (h)(11) of 40 CFR 112.20

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## CHECKLIST FOR VERIFYING COMPLIANCE WITH FACILITY RESPONSE PLAN REQUIREMENTS

FRP ID FRP 06 AR 00053

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note: Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule	PLAN	FIELD

**Response Plan Cover Sheet (sec 2 0)**

Applicability of Substantial Harm Criteria Sheet (sec 2 2)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Verification of contract or other approved means (sec 2 3)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Please use the following spaces to note any missing or incomplete information		

**Emergency Response Action Plan (ERAP) (sec 1 1)**

Qualified Individual (QI) Information (sec 1 2)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Emergency Notification List (sec 1 3 1)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Spill Response Notification Form (sec 1 3 1)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Response Equipment List and Location (sec 1 3 2)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Response Equipment Testing and Deployment (sec 1 3 3)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Facility Response Team List (sec 1 3 4)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Evacuation Plan (sec 1 3 5)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Immediate Actions (sec 1 7 1)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Facility Diagrams (sec 1 9)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
*The sections above should be extracted from the more detailed corresponding sections of the plan. Please use the following space to note any missing or incomplete information		

**Facility Information (sec 1 2)**

Facility Name (sec 1 2 1)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Street Address	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
City State Zip	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
County	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Phone Number	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Latitude/Longitude (sec 1 2 2)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

*Local personnel of 911  
Auto spill notification hotline / Fed, state, local,  
Metropolitan for repair.*

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<b>Wellhead Protection Area (sec 1 2 3)</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
<b>Owner/Operator (both names included if different) (sec 1 2 4)</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<b>QI Information (sec 1 2 5)</b> (name position street address phone numbers)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Description of specific response training experience	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Oil Storage start up date (sec 1 2 6)</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Facility operations description (sec 1 2 7)</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Standard Industrial Classification code	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Dates and types of substantial expansion (sec 1 2 8)</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Please use the following space to note any missing or incomplete information		

<b>Emergency Response Information (sec 1 3)</b>		
<b>Notification (sec 1 3 1)</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Emergency notification Phone List</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
National Response Center Phone number	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
QI (day and evening) phone number	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Federal On Scene Coordinator (OSC) and/or Regional response center (day and evening) phone numbers	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Local response team phone numbers (Fire Department/Cooperatives)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Fire Marshall (day and evening) phone numbers	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
SERC (day and evening) phone numbers	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
State police phone number	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
LEPC phone number	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Wastewater treatment facility(s) name and phone number (recommended)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	
Local water supply system (day and evening) phone numbers	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA	
Weather report phone number	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

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Local TV/Radio phone number(s) of evacuation notification	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Hospital phone number	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Spill Response notification form	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Please use the following space to note any missing or incomplete information		
<i>The Plan indicates the LEPC will be notified for Local water supply system Please clarify in the Plan</i>		

Response Equipment List (sec 132)		
<b>Skimmers</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Operational Status	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Type Model and Year	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	
Number of or Quantity	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	
Capacity	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	
Daily Effective Recovery Rate	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	
Storage Location(s)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	
<b>Pumps</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Operational Status	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Type Model and Year	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	
Number of or Quantity	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	
Capacity	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	
Daily Effective Recovery Rate	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	
<b>Boom (containment)</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Operational Status	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Year	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Number	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA	
Skirt Size	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA	
6 inch	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	

1000ft. of boom needed in the plan - company will work on plan for 1000 ft of boom

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12 inch	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
18 inch	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
<b>Boom (sorbent)</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Operational Status	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Type Model and Year	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Number	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Size (length)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
<b>Chemical Countermeasures</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
<b>Sorbents</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Type	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Year purchased	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Amount	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Storage Location(s) <u>Ft. Smith A377</u>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
<b>Hand Tools</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Type	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Quantity	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Storage Location(s) <u>Ft. Smith A377</u>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
<b>Communications Equipment</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Operational Status	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Type	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Operating Frequency	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Quantity	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
<b>Fire Fighting and Personnel Protective Equipment</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
<b>Other (e.g. Heavy Equipment, Boats, and Motors)</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Operational Status	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Type and Year	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA

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Quantity	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Storage Location(s) <u>Ft Smith A377</u>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Please use the following space to note any missing or incomplete information		
<p><b><i>The Plan suggests spill response equipment will be provided by OSROs The Plan states Company response resources consist of strategically located response trailers containing primarily safety and emergency response equipment And During boom deployment exercises boom will be inspected for signs of structural deficiencies Please indicate in the Plan the number and skirt size of company owned containment boom</i></b></p>		

<b>Response Equipment Testing and Deployment Drill Log (sec 1 3 3)</b>		
Date of Last Inspection or Equipment Test	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Inspection Frequency	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Date of Last Deployment Drill	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Deployment Frequency	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Oil Spill Response Organization (OSRO) Certification	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Please use the following space to note any missing or incomplete information		
<p><b><i>The Plan states Response equipment identified in this Plan will be inventoried and tested on a semiannual basis to ensure that the stated quantities are in inventory and in proper working order "</i></b></p>		

<b>Personnel (sec 1 3 4)</b>		
Emergency Response Personnel Information	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Name	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Phone Numbers	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Response Time	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Responsibility	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Type and date of response training	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Emergency Response Contractor Information	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Name <u>Acme Products Co</u>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	

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Note: Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule	PLAN	FIELD
Phone Numbers	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Response Time	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Evidence of contractual arrangements	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Facility Response Team Information	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Job title/position of emergency response personnel	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Response Time	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Phone/pager	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Name of emergency response contractor (Contractors providing facility response team services may be different than contractors providing oil spill response services)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Response Time	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Phone/pager	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Please use the following space to note any missing or incomplete information		

Evacuation Plans (sec 135)		
<b>Facility Evacuation Plan (sec 1351)</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Location of stored materials	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Hazard imposed by spilled materials	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Spill flow direction	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Prevailing wind directions and speed	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Water currents tides or wave conditions (if applicable)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Arrival Route of emergency response personnel and response equipment	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Evacuation routes	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Alternative routes of evacuation	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Transportation of injured personnel to nearest emergency medical facility	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Location of alarm/notification systems	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA

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Centralized check in area for roll call	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Mitigation command center location	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Location of shelter at facility	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
<b>Community Evacuation Plans referenced (sec 1 3 5 3)</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Please use the following space to describe the evacuation plan being careful to note any observations / information (i.e. viability usability) that would be helpful in making a determination of sufficiency or deficiency		
<b>The items checked NO under Adequately Addressed Plan column above are not addressed or inadequately addressed in the Plan. The Plan must be amended to include these items</b>		

Description of Qualified Individuals Duties (sec 1 3 6)		
Activate internal alarms and hazard communication systems	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Notify response personnel	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Identify character, exact source, amount, and extent of the release	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Notify and provide information to appropriate Federal, State, and Local Authorities	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Assess interaction of spilled substances with water and/or other substances stored at facility and notify on scene response personnel of assessment	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Assess possible hazards to human health and the environment	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Assess and Implement prompt removal actions	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Coordinate rescue and response actions	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Assess company funding to initiate cleanup activities	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Direct cleanup activities	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Please use the following space to note any missing or incomplete information		

Hazard Evaluation (sec 1 4)		
Hazard Identification (sec 1 4 1)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	



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Tank and Surface Impoundment Forms	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Tanks	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Tank Number(s)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Substance(s) Stored	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Quantity(s) Stored	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Tank Type(s)/Year(s)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Maximum Capacity(s)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Failure(s)/Cause(s)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Surface Impoundments (SI)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	
SI Number(s)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	
Substance(s) Stored	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	
Quantity(s) Stored	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	
Surface Area(s)/Year(s)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	
Maximum Capacity(s)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	
Failure(s)/Cause(s)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	
Labeled schematic drawing	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Description of transfers (loading and unloading) and volume of material	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Description of daily operations	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Secondary containment volume	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Normal daily through put of the facility	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Please use the following space to note any missing or incomplete information		

**Vulnerability Analysis (sec 142)**

Planning Distance <b>19.75 miles</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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Analysis of potential effects of an oil spill on vulnerable areas	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Water intakes	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Schools	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Medical Facilities	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Residential Areas	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Businesses	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Wetlands or other sensitive environmental	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Fish and Wildlife	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Lakes and Streams	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Endangered flora and fauna	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Recreational Areas	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Transportation routes (air land and water)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Utilities	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Other applicable areas	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Please use the following space to note any missing or incomplete information		

<b>Analysis of the Potential for an Oil Spill (sec 1 4.3)</b>		
Description of likelihood of release occurring	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Oil spill history for the life of the facility	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Horizontal range of potential spill	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Vulnerability to natural disaster	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Tank Age	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Other factors (e g unstable soils earthquake zones Karst topography etc )	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
<b>Facility Reportable Oil Spill History Description (sec 1 4 4)</b>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA	

## CHECKLIST FOR VERIFYING COMPLIANCE WITH FACILITY RESPONSE PLAN REQUIREMENTS

FRP ID FRP 06 AR 00053

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note: Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule	PLAN	FIELD

Date of discharge(s)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA	
List of discharge causes	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA	
Material(s) discharged	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA	
Amount of discharge in gallons	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA	
Amount that reached navigable waters (if applicable)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA	
Effectiveness and capacity of secondary containment	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA	
Clean up actions taken	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA	
Steps taken to reduce possibility of reoccurrence	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA	
Total oil storage capacity of tank(s) or impoundment(s) from which material discharged	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA	
Enforcement actions	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA	
Effectiveness of monitoring equipment	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA	
Spill detection	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA	

Please use the following space to note any missing or incomplete information

**Figure C 13 (Reportable Spill History) was not included in the Plan. Please amend the Plan to include this Figure**

<b>Discharge Scenarios (sec 1 5)</b>		
<b>Small discharges (sec 1 5 1)</b>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<b>Description of small discharges scenarios addressing facility operations and components (sec 1 5 4 5)</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Loading and unloading operations	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Facility Maintenance operations	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	
Facility Piping	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Pumping stations and sumps	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Oil storage tanks	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Vehicle refueling operations	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	

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Age and condition of facility and components	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Description of factors, affecting response efforts (sec 1 5 1 2)</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Size of spill	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Proximity to down gradient water	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Proximity to fish and wildlife and sensitive environments	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Likelihood that discharge will travel offsite	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Location of material spilled (i e on concrete pad or soil)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Material discharged	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Weather or aquatic conditions	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Available remediation equipment	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Probability of a chain reaction or failures	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Directions of spill pathway	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Medium Discharge (sec 1 5 1)</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Description of medium discharge scenarios addressing facility operations and components (sec 1 5 1 1)</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Loading and unloading operations	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Facility maintenance operations	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Facility piping	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Pumping stations and sumps	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Oil storage tanks	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Vehicle refueling operations	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	
Age and condition of facility and components	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Description of factors affecting response efforts (sec 1 5 1 2)</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Size of spill	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Proximity to down gradient water	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Proximity to fish and wildlife and sensitive environments	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

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Likelihood that discharge will travel offsite	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Location of material spilled (i.e. on concrete pad or soil)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Material discharged	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Weather or aquatic equipment	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Available remediation equipment	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Probability of a chain reaction or failures	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Direction of spill pathway	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Please use the following space to assess the description of conditions at the facility being careful to note any observations/information that would be helpful in making a determining of sufficiency or deficiency		

Worst Case Discharge (sec 152)		
Correct Worst Case Discharge calculation for specific type of facility WCD <u>1,371,180 Gallons (tank #1449)</u>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Description of worst case discharge scenario	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Loading and unloading operations	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	
Facility maintenance operations	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	
Facility piping	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	
Pumping stations and sumps	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	
Oil storage tanks	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Vehicle refueling operations	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	
Age and condition of facility and components	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Description of factors affecting response efforts (sec 1512)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Size of spill	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Proximity to down gradient water	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Proximity to fish and wildlife and sensitive environments	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Likelihood that discharge will travel offsite	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

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REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note: Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule	PLAN	FIELD
Location of material spilled (i.e. on concrete pad or soil)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Material discharged	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Weather or aquatic conditions	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Available remediation equipment	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Probability of a chain reaction or failures	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Direction of spill pathway	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>Please use the following space to assess the description of conditions at the facility worst case discharge being careful to note any observations/information that would be helpful in making a determination of sufficiency or deficiency</p> <p><b>The capacity of tank #1449 is 32 647 Bbls not 30 191 Bbls as indicated in Appendix D 7 of the Plan</b>  <b>Subsequent planning volume calculation must be revised in the Plan</b>  <b>Also the Description of factors affecting response effort listed above were addressed in the Plan but were generic and very limited in content The intent of a WCD scenario is to develop a facility specific narrative of events (of a catastrophic nature during adverse weather conditions) which may occur at the facility The QI and facility response personnel must be knowledgeable of the scenarios and drills must be implemented to exercise the scenarios As written in the Plan the WCD scenario would not accomplish this goal</b></p>		

Discharge Detection Systems (sec 1 6)		
Discharge Detection by Personnel (sec 1 6 1)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Description of procedures and personnel for spill detection	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Description of facility inspections	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Description of initial response actions	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Emergency Response Information (referenced)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
<p>Please use the following space to assess the description of conditions at the facility and/or discharge detection being careful to note any observations/information that would be helpful in making a determination of sufficiency or deficiency</p>		

Automated Discharge Detection (sec 1 6 2)		
Description of automatic spill detection equipment including overfill alarms and secondary containment sensors	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Description of alarm verification procedures and subsequent actions	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA

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Please use the following space to assess the description of conditions at the facility being careful to note any observations/information that would be helpful in making a determination of sufficiency or deficiency

**Plan Implementation (sec 1.7)****Identification of response resources for small, medium, and worst case spills (sec 1.7.1)**☒ YES ☐ NO

Description of response actions

☒ YES ☐ NO

Emergency plans for spill response

☒ YES ☐ NO

Additional response training

☒ YES ☐ NO ☐ NA

Additional contracted help

☒ YES ☐ NO ☐ NA

Assess to additional response equipment/experts

☒ YES ☐ NO ☐ NA

Ability to implement plan including response training and practice drills

☒ YES ☐ NO ☐ NA☐ YES ☐ NO ☐ NA

Temporary Storage

☒ YES ☐ NO☐ YES ☐ NO ☐ NA

Please use the following space to assess the adequacy of response resources and response actions for small medium and worst case spills being careful to note any observations/information that would be helpful in making a determination of sufficiency or deficiency

**Disposal Plan (sec 1.7.2)**

Description of procedures for recovering reusing decontaminating or disposing of materials

☒ YES ☐ NO☐ YES ☐ NO

Materials addressed in Disposal Plan (Recovered product contaminated soil contaminated equipment and materials personnel protective equipment decontamination solutions absorbents spent chemicals)

☒ YES ☐ NO☐ YES ☐ NO

Plan prepared in accordance with any Federal State and/or Local regulations

☒ YES ☐ NO☐ YES ☐ NO

Plan addresses permits required to transport or dispose of recovered materials

☒ YES ☐ NO☐ YES ☐ NO

Please use the following space to assess the adequacy of response resources and response actions for small medium and worst case spills be careful to note any observations/information that would be helpful in making a determination of sufficiency or deficiency

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**Containment and Drainage Planning (sec 1 7 3)**

Description of containing/controlling a spill through drainage	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Containment Volume	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Drainage route for oil storage and transfer areas	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Construction materials in drainage troughs	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Type of number of valves and separators in drainage system	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Sump pump capacities	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Containment capacities of weirs and booms and their location	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Other clean up materials	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Please use the following space to assess the description of containing/controlling a spill through drainage being careful to note any observations/information that would be helpful in making a determination of sufficiency or deficiency		

**Self Inspection, Training and Meeting Logs (sec 1 8)**

<b>Facility Self Inspection (sec 1 8 1)</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Records of tank inspections contained or cross referenced in plan or maintained electronically	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Records of secondary containment inspections contained or cross referenced in plan or maintained electronically	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Response Equipment Checklist (sec 1 8 1 2)</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Inventory (item and quantity)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Storage Location	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Accessibility (time to access and respond)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Operational status/condition	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Actual use/testing (last test date and frequency of testing)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Shelf life (present age expected replacement date)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Response Equipment inspection Log	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Inspection records maintained for 5 years	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA



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Please use the following space to assess the description of facility self inspection and adequacy of response equipment at facility being careful to note any observations/information that would be helpful in making a determination of sufficiency or deficiency

**Facility Drills/Exercises (sec 1 8 2)**

Description of drill/exercise program based on PREP guidelines or other comparable program	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
QI notification drill	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Spill management team tabletop exercise	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Equipment deployment exercise	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Unannounced exercise	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Area exercise	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Description of evaluation procedures for drill program	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Qualified Individual Notification Drill Log (sec 1 8 2 1) (Date company qualified individual emergency scenario evaluation)</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Spill Management Team Tabletop Drill Log (sec 1 8 2 2) (Date company qualified individual emergency scenario evaluation changes to be implemented time table for implementation)</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Please use the following space to assess the description of facility self inspection and adequacy of response equipment at facility being careful to note any observations/information that would be helpful in making a determination of sufficiency or deficiency		

**Response Training (sec 1 8 3)**

Description of Response Training program (including topics)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Discharge Prevention Meeting Logs (Date attendees)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Please use the following space to assess the description of facility self inspection and adequacy of response equipment at facility being careful to note any observations/information that would be helpful in making a determination of sufficiency or deficiency		

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**Diagrams (sec 19)**

<b>Site Plan Diagram</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Entire facility to scale	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Above and below ground storage tanks	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Contents and capacities of bulk oil storage tanks and drum oil storage areas	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Process building	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Transfer areas	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Location and capacity of secondary containment systems	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Location of hazardous materials	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Location of communications and emergency response equipment	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Location of electrical equipment that might contain oil	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Please use the following space to note any missing or incomplete information		

**Site Drainage Plan Diagram**

Major sanitary and storm sewers manholes drains	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Weirs and shut off valves	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Surface water receiving streams	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	
Fire fighting water sources	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Other utilities	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	
Response personnel ingress and egress	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Response equipment transportation routes	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Direction of spill flow from discharge points	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Please use the following space to note any missing or incomplete information		

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**Site Evacuation Plan Diagram**

Evacuation routes	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Location of regrouping areas	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Please use the following space to note any missing or incomplete information		

**Site Security (sec 110)**

Description of facility security (Emergency cut off locations, enclosures, guard and their duties, lighting, valve and pump locks, pipeline connection caps)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Please use the following space to assess the description of facility security, being careful to note any observations/information that would be helpful in making a determination of sufficiency or deficiency		